

UAAH CANDIDATES-
SUBMIT 1 ORIGINAL AND 1 COPY

NEIGHBOR ISLAND CANDIDATES-
SUBMIT 1 ORIGINAL AND 2 COPIES

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

DISCLOSURE REPORT CANDIDATE COMMITTEE

PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSURE REPORT CAN BE FOUND IN THE "GUIDEBOOK FOR CANDIDATE COMMITTEES.")

SECTION I-CANDIDATE AND CANDIDATE COMMITTEE:

(a) Candidate Name:

John Steelquist

(b) Committee Name:

FRIENDS of JOHN STEELQUIST

(c) Mailing Address:

841 POHUKAINA ST #8

HONOLULU HI 96813

(d) Phone (Bus)

531 0050

(Res)

306 4237

Treasurer's

SECTION II-TYPE OF REPORT:

(See the Schedule of Reporting Dates to complete this section)

- ☐ 1st Preliminary Primary ☐ Amended ☐ First ☐ Third
- ☐ 2nd Preliminary Primary ☐ Short Form¹ ☐ Second ☐ Fourth
- ☒ Final Primary
- ☐ Preliminary General
- ☐ Final Election Period
- ☐ Supplemental

REPORTING PERIOD

9/9/06 through 9/23/06

SECTION III-SUMMARY OF RECEIPTS AND DISBURSEMENTS

(Complete Section IV on the Back of this Form Before Completing This Section)

	COLUMN A TOTAL THIS PERIOD	COLUMN B ELECTION PERIOD ² TOTAL TO DATE
1. Cash on Hand at the Beginning of the Election Period ²		-0-
2. Cash on Hand at the Beginning of this Reporting Period.....	10,543	
3. Total Receipts (From Line 15).....	10,307	51,864
4. Subtotal (Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column B).....	20,850	51,864
5. Total Disbursements (not including Unpaid Expenditures) (From Line 19).....	2,888	33,902
6. Cash on Hand at the Closing of this Reporting Period (Subtract Line 5 from Line 4)....	17,962	17,962
7. Total Loans at the Closing of this Reporting Period.....	41,250	
8. Total Unpaid Expenditures at the Closing of this Reporting Period.....	764	
9. Debts Owed at the Closing of this Reporting Period (Add Lines 7 and 8).....	42,014	
10. Surplus/Deficit (Subtract Line 9 from Line 6).....	(24,052)	

I hereby certify that the information on this report and all attached Schedules are true, correct and complete to the best of my knowledge.

Candidate Signature

Date

Treasurer Signature

Date

¹ Short Form is checked if the candidate is filing a Preliminary, Final or Supplemental Report and has aggregate contributions and aggregate expenditures for the reporting period totaling \$2,000 or less. Short form reporting requires completion of only Section I, Section II, and Section III of this Disclosure Report.

² An Election Period is the two-year period between general election days if a candidate is seeking nomination or election to a two-year office and the four-year period between general election days if a candidate is seeking nomination or election to a four-year office.

CHECK ONLY ONE BOX
USE SEPARATE SCHEDULE(S) FOR EACH CATEGORY BELOW

☒ INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE
COMMITTEES/POLITICAL PARTIES

☐ CANDIDATE OR CANDIDATE'S IMMEDIATE FAMILY

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

SCHEDULE A
MONETARY AND NON-MONETARY CONTRIBUTIONS
CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

John Stealgeist - Friends of John Stealgeist

PAGE 1 OF 1

DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION		
9/1/06 9/23/06	<input checked="" type="checkbox"/> NON-MONETARY CONTRIBUTION HAWAIIAN ISLANDS MEDICAL 841 POHUKAINA #8 Honolulu HI 96813		304.	3553.00
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page).....			304	
2. TOTAL MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (Last Page Only) (Transfer total to the applicable Line Number of the Disclosure Report - 11(a)(ii) or 11(b)(iii)).....			304	

Form CC-5(A) (Rev. 5/99)

With the exception of loans and unpaid expenditures that are forgiven, non-monetary contributions must also be reported as an "Expenditure" on Schedule B.

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE B
EXPENDITURES
CANDIDATE COMMITTEE**

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CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE 1 OF 1

John Stelquist Friends of John Stelquist

DATE OF EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION	PURPOSE OF EXPENDITURE OR DESCRIPTION OF NON-MONETARY CONTRIBUTION	AMOUNT OF EXPENDITURE OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD
9/18/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION <i>Patricia Corbaley 1515 Ward Ave. #1104 Honolulu, HI 96822</i>	<i>Campaign Manager</i>	<i>1,000.00</i>
9/15/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION <i>OBUN HAWAII 1052 WAIMANU Honolulu, HI 96814</i>	<i>Brochures</i>	<i>706.23</i>
9/12/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION <i>Office MAX 770 Ala Moana Honolulu, HI 96814</i>	<i>Office Supplies</i>	<i>28.63</i>
9/9/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION <i>Office Depot 340 KAMAKEE Honolulu, HI 96814</i>	<i>Office Supplies</i>	<i>55.17</i>
9/19/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION <i>HAWAIIAN IMAGE 417 COOKE Honolulu, HI 96813</i>	<i>Printing</i>	<i>760.42</i>
9/20/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION <i>Pro Design 919 KEEA MOICU Honolulu, HI</i>	<i>Design Brochures</i>	<i>337.48</i>
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		

1. SUBTOTAL OF EXPENDITURES THIS PERIOD (This Page).....

2887.93

2. TOTAL EXPENDITURES THIS PERIOD (Last Page Only) (Transfer total to Line Number 16 of the Disclosure Report).....

2887.93

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE C
PUBLIC FUNDS AND OTHER RECEIPTS
CANDIDATE COMMITTEE**

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE 1 OF 1

John Stelguist - Friends of John Stelguist

DATE OF DEPOSIT	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF SOURCE OF PUBLIC FUNDS OR OTHER RECEIPT	DESCRIPTION OF OTHER RECEIPT	AMOUNT OF PUBLIC FUNDS OR OTHER RECEIPT THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
9/29/06	FIRST HAWAIIAN BANK MAKIKI BRANCH 1111 S. BERETANIA ST HONOLULU, HI 96814	INTEREST ON SAVINGS.	3.09 12.09	26.33

1. SUBTOTAL OF PUBLIC FUNDS AND OTHER RECEIPTS THIS PERIOD (This Page).....
2. TOTAL PUBLIC FUNDS AND OTHER RECEIPTS THIS PERIOD (Last Page Only) (Transfer total to Line Number 13 of the Disclosure Report).....

3.09

3.09

ATTACH A COPY OF THE
EXECUTED LOAN DOCUMENT AT
THE TIME OF INITIAL DISCLOSURE

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

SCHEDULE D
LOANS
CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE 1 OF 1

John Steelquist - Friends of John Steelquist

LOAN SOURCE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF LENDER	NAME OF EMPLOYER AND OCCUPATION	AMOUNT OF LOAN AT BEGINNING OF THIS PERIOD	NEW LOAN AMOUNT THIS PERIOD	AMOUNT REPAYED OR FORGIVEN THIS PERIOD	AMOUNT OF LOAN AT CLOSING OF THIS PERIOD
DATE OF LOAN	PURPOSE OF LOAN					
<input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER					<input type="checkbox"/> FORGIVEN	
9/13/06			31,250	10,000		41,250
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER					<input type="checkbox"/> FORGIVEN	
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER					<input type="checkbox"/> FORGIVEN	
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER					<input type="checkbox"/> FORGIVEN	
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER					<input type="checkbox"/> FORGIVEN	
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER					<input type="checkbox"/> FORGIVEN	

1. SUBTOTAL (This Page).....	10,000		41,250
2. TOTAL NEW LOANS THIS PERIOD (Last Page Only) (Transfer total to Line Number 14 of the Disclosure Report).....	10,000		
3. TOTAL LOANS REPAYED OR FORGIVEN THIS PERIOD (Last Page Only) (Transfer total to Line Number 17 of the Disclosure Report).....			
4. TOTAL LOANS AT THE CLOSING OF THIS PERIOD (Last Page Only) (Transfer total to Line Number 7 of the Disclosure Report)....			41,250

Form CC-5(D) (Rev. 5/99)

If a loan is forgiven, the loan must also be reported as a "Non-Monetary Contribution" on Schedule A. The forgiven loan does not have to be reported as an "Expenditure" on Schedule B.

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE E
UNPAID EXPENDITURES
CANDIDATE COMMITTEE**

NOTE: EXPENDITURES ARE CONSIDERED MADE WHEN THE PRODUCT IS DELIVERED OR THE SERVICE IS RENDERED (ACCRUAL METHOD OF ACCOUNTING).

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CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE 1 OF 1

John Steelquist - Friends of John Steelquist

DATE OF UNPAID EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF VENDOR	AMOUNT OF UNPAID EXPENDITURE AT BEGINNING OF THIS PERIOD	NEW UNPAID EXPENDITURE AMOUNT THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD	AMOUNT OF UNPAID EXPENDITURE AT CLOSING OF THIS PERIOD
	PURPOSE OF UNPAID EXPENDITURE				
9/1/06	Unlimited Designs 2298 ALA HAO PL unit M Honolulu HI 96819 STICKERS		338.54	<input type="checkbox"/> FORGIVEN	338.54
9/3/06	Patricia Corbaley 1515 WARD AVE #1104 Honolulu HI 96822 CAMPAIGN MGR.		250.00	<input type="checkbox"/> FORGIVEN	250.00
9/7/06	Joe Hunt Design 1164 BISHOP ST #124 Honolulu HI 96813 Brochure Design		175.00	<input type="checkbox"/> FORGIVEN	175.00
				<input type="checkbox"/> FORGIVEN	
				<input type="checkbox"/> FORGIVEN	

1. SUBTOTAL (This Page).....	763.54		763.54
2. TOTAL NEW UNPAID EXPENDITURES THIS PERIOD (Last Page Only) (Transfer total to Line Number 20 of the Disclosure Report).....			
3. TOTAL UNPAID EXPENDITURES PAID OR FORGIVEN THIS PERIOD (Last Page Only) (Transfer total to Line Number 18 of the Disclosure Report).....			
4. TOTAL UNPAID EXPENDITURES AT THE CLOSING OF THIS PERIOD (Last Page Only) (Transfer total to Line Number 8 of the Disclosure Report).....			763.54

Form CC-5(E) (Rev. 5/99)

If an unpaid expenditure is forgiven, the unpaid expenditure must also be reported as a "Non-Monetary Contribution" on Schedule A. The forgiven unpaid expenditure does not have to be reported as an "Expenditure" on Schedule B.